

Program Information Packet

Umstead Family Campout

Sat 11/4 – Sun 11/5



RALEIGH

Parks,
Recreation *and*
Cultural Resources
parks.raleighnc.gov



WELCOME TO UMSTEAD FAMILY CAMPOUT

We are looking forward to a weekend filled with fun adventures, smiles and new friends. This packet is filled with information about what to pack, and everything else you need to know about the trip.

TRIP LOCATION(S)

Meetup Location: William B. Umstead State Park
Visitor's Center
Address: 8801 Glenwood Ave Raleigh, NC 27617

- **Start Time:** Sat 11/4 – 1:00 PM
- **End Time:** Sun 11/5 – 10:00 AM
- **Campsite:** Youth Tent Campsite

CONTACT INFORMATION

Important Numbers:

Adventure Program Office: 919.996.6855, adventure.program@raleighnc.gov

Adventure Program Manager, Zac Huston: 919.830.8746, zac.huston@raleighnc.gov

WHAT TO PACK

- Water & water bottle
- Snacks
- Weather appropriate clothing – lots of layers, prepare for cold evening
- Small day pack
- Cap, sunglasses, stocking cap
- Synthetic base layer, fleece, rain jacket
- Hiking pants – avoid cotton/denim
- Close toed shoes and wool socks
- Sunscreen/Insect Repellent
- Personal Toiletries
- Mess Kit – utensils for eating
- Camping Chair
- Sleeping Bag
- Pillow
- Flashlight/headlamp

ADVENTURE PROGRAM WILL PROVIDE

- Guided Hikes
- Campfire
- Tents and Sleeping Pads
- Dinner and Breakfast – **If you or your child have any dietary restrictions or special food needs please notify the Adventure Program Office so that we may accommodate as best we can.*

WEATHER

- Expect highs in the upper 60's and overnight lows in the mid 40's
- Weather related programming decisions will be made by Adventure Staff on a case by case basis depending on the venue, duration and activities involved in the program. Program adjustments/cancellations may be made up to the programs start time.
- The City of Raleigh provides full refunds for weather related cancellations.

ADDITIONAL NOTES

- Parking at the campsite is limited. Try to bring 1 vehicle per family/group.
- Cell phone service may be spotty at the campsite and in Umstead park.
- There is no electricity at this particular campsite.
- The campsite bathroom is a privy toilet – an outdoor toilet with four privacy walls, but no running water. There is no access to a shower at this campsite.

ITINERARY

Sat
11/4

1:00 PM - Meet at
Visitor's Center

Guided Group Hike

Set Up Camp

Cook Dinner

Campfire

Lights Out

Sun
11/5

Breakfast

Breakdown Camp

Wrap Up

10:00 AM - Depart

THE ADVENTURE PROGRAM

REGISTRATION AND HEALTH STATEMENT

This program involves participation in adventure activities which are, by their nature, physically demanding and in remote settings. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or risk/hardship to others. While great physical strength is not necessary for participation, good physical condition will enhance the experience and will reduce the risk of injury or medical problems.

While we make every effort to manage the risks associated with the activities we program, risks still exist in all programs. Those risks might include, but are not limited to a range of injuries, illness, or death resulting from the forces of nature, falling objects, water hazards, difficult terrain, travel to remote locations, instructor error, equipment hazards, or travel in City of Raleigh or personal vehicles.

We also require that you have insurance and agree to bear the cost of any medical treatment or loss of personal equipment. It is imperative that you take a few minutes to self-assess and inform us of any medical condition which may affect your ability to participate fully and safely in this trip. All information provided is confidential. Original signature required in highlighted boxes.

Program Title:		Trip Date (mm/dd/yyyy):	
Name:		Amount Paid: \$	Payment Type:
Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
Street Address:		City:	State:
Emergency Contact (someone not on trip):		Emergency Contact #:	
Height (0'00"):	Weight (lbs):	Birthdate (mm/dd/yyyy):	
Date of last Tetnus Shot (mm/dd/yyyy):		Health Ins. Co and Policy #:	

Have you ever had? (Please check the appropriate column)	
YES	NO
-----Allergies - Anyone with severe allergies must inform the trip leader and provide their own medication.	
	<div style="border: 1px solid black; padding: 2px;">If yes, to what?</div>
	-----Diabetes
	-----Heart Disease
	-----Epilepsy
	-----Asthma - If you carry an inhaler, please bring it and inform staff of its presence.
	-----High Blood Pressure
	-----Back Problems
	-----Dislocations --
	<div style="border: 1px solid black; padding: 2px;">If yes, what joint(s)?</div>
	-----Seizures --
	<div style="border: 1px solid black; padding: 2px;">If yes, what tends to trigger them?</div>
	-----Are you highly sensitive to heat?
	-----Are you pregnant?
	-----Are you currently taking medication? Please bring any medication on trip and inform staff of its presence.
	<div style="border: 1px solid black; padding: 2px;">If yes, what type(s)?</div>
	<div style="border: 1px solid black; padding: 2px;">Any side effects?</div>
	-----Are you allergic to any medications?
	<div style="border: 1px solid black; padding: 2px;">If yes, which ones?</div>
	-----Do you have muscle spasms?
	<div style="border: 1px solid black; padding: 2px;">If yes, what triggers them?</div>
	-----Do you swim?
	<div style="border: 1px solid black; padding: 2px;">Indicate your water comfort level?</div>
	-----Are there any limitations to your activities?
	<div style="border: 1px solid black; padding: 2px;">If yes, what are they?</div>

If you checked yes to any of the above items, with the exception of swimming, please provide additional information below:

REGISTRATION AND HEALTH STATEMENT (CONT.)

****Please review your choice of program in light of your own health condition. If you are at a higher risk for a heart attack due to being overweight, smoking, sedentary lifestyle, past history of heart attack, high blood cholesterol, or high blood pressure, being a male over 45 or a woman post-menopause or have a family history of heart attack you may want to consider a less strenuous or less remote program. Our prerequisites may help guide you.**

****The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need for accommodation is requested well in advance. In order to adequately address safety issues and to have an appropriately planned program, please list any special need or precaution which may require program accommodations for participating. i.e., ADD, ADHD, Autism, visual or hearing impairment (need for interpreter), mental or physical disability, heart condition, history of seizures, asthma, etc.**

****I have read this document and understand that there are possible risks and physical demands associated with this activity. I have self-assessed and noted above any medical or physical condition which might affect my performance in this activity. I have given permission for The Adventure Program or its assignee to provide first aid medical attention and emergency medical services as warranted. In the event of an accident or injury, staff will make a judgment decision for further medical attention. We ask that participants respect that decision. By my signature below I acknowledge reading and understanding this document.**

Participant Signature: _____ Date: _____

Also, Signature of Parent or Guardian if under 18: _____

POLICIES

Alcohol or Drugs For safety and program quality reasons, no consumption of alcohol or drugs will be allowed during activities. Adult program participants, who are 21 and above, can consume alcohol after activity hours.

Pets are not allowed during programs.

Registrations: Unless designed for a special group, registrations are accepted in order of receipt of payment. RETURNED CHECK FEE IS \$25.00. Make checks payable to the City of Raleigh.

Photography: All photographs taken by the staff during the event will become property of the City of Raleigh Parks, Recreation and Cultural Resources Department and may be used for subsequent publicity without your consent. Please let us know if you do not wish to be photographed.

Equal Opportunity: The City of Raleigh Parks, Recreation and Cultural Resources Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with the Director of Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240.

Please return forms to: Raleigh Parks, Recreation and Cultural Resources
Adventure Program
2401 Wade Avenue, Raleigh, NC 27607

To pay by credit card fill in the information below and mail or fax to The Adventure Program at Fax (919) 831-6470

Credit Card Information – Complete for Credit Transactions

☐ Visa ☐ Mastercard Amount \$: _____

Name of Cardholder: _____

Billing Address: _____

Signature: _____ Date: _____ Last 4 Digits on _____ Transaction #: _____

Card: _____

Card #: _____ Exp. Date: _____

Staff: Record the transaction number and last four digits on the lines above, then remove and destroy everything below the dashed line.

**CITY OF RALEIGH
RELEASE AND INDEMNITY AGREEMENT**

I understand that participating in the _____ on (mm/dd/yyyy) _____ involves risk of injury. These risks include inclement weather, accidents while traveling to and from the activity, equipment problems or failures, contact with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in this program despite the risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed responsibility of injury, illness, and death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the instructors and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City of Raleigh, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in the program. I also agree not to sue the City of Raleigh, its employees, or its agents and agree to indemnify the City of Raleigh for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

I understand that the City of Raleigh provides no insurance coverage for me. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

Printed Name of Participant

Signature (of Parent/Legal Guardian if child is under 18)

Date of Signature

Printed Name of Parent/Legal Guardian

Address, City, State, and Zip

Telephone Number

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